



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (March 8, 1995 to March 28, 1995)

MEETING DATE: April 5, 1995

PREPARED BY: City Clerk

RECOMMENDED ACTION: No action - information only.

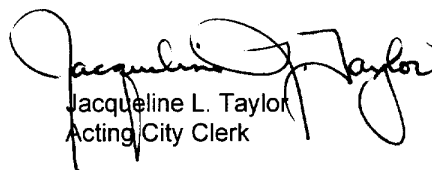
BACKGROUND INFORMATION: Copies of applications for Alcoholic Beverage Control Licenses have been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Carlos Ibarra and Gloria Olivarez, Antonio's, 710 South Beckman Road, Suite A, On Sale General, Person to Person Transfer and Premise to Premise Transfer
- b) Amrik Singh, AJK, Inc., 1225 West Lockeford Street, Off Sale General, Reduced Fee Transfer
- c) Rick Anthony Darone, Tonys Pizzeria, 514 West Lodi Avenue, On Sale Beer and Wine, Original License
- d) Brian Horst, Michael Solari and Shelley Solari, Lodi Avenue Discount Liquors, 1000 West Lodi Avenue, Off Sale General, Premise to Premise Transfer
- e) Anthony J. Lopresti, Maria Lopresti, Pietro Lopresti, Maria's Italian Specialties, 840 West Lodi Avenue, On Sale Beer and Wine, Original License
- f) Cottage Bakery Retail, Inc., Cottage Bakery, 230 South School Street, On Sale Beer and Wine, Original License

710 South Beckman Road is zoned M-1, Light Industrial; 1225 West Lockeford Street, 514 West Lodi Avenue, 914 West Lodi Avenue, and 840 West Lodi Avenue are zoned C-1 Neighborhood Commercial; 203 South School Street is zoned C-2, General Commercial.

These are appropriate zonings for these types of Alcoholic Beverage Control licenses.

FUNDING: None required.


Jacqueline L. Taylor
Acting City Clerk

JLT
Attachments

APPROVED: _____

THOMAS A. PETERSON
City Manager



recycled paper



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95 MAR -7 PM 5:07

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)**TO:**

Department of Alcoholic Beverage Control
31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

File Number.....**306350**
Receipt Number.....**1024282**
Geographical Code.....**3902**
Copies Mailed Date **3-6-95**
Issued Date

DISTRICT SERVING LOCATION:**STOCKTON****Name of Business:****ANTONIO'S****Location of Business:**

Number and Street
City, State Zip Code
County

710 S BECKMAN RD A
LODI CA 95240
SAN JOAQUIN
YES

Is premise inside city limits?**Mailing Address:**

(If different from
premise address)

1949 RUTLEDGE WY
STOCKTON CA 95207

If premise licensed:

Type of license

M-1**Transferor's names/license:****ALVAREZ & OLIVAREZ INC 250204**

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 47 ON-SALE GENERAL EA PERSON TO PERSON TRANS	P40	YES	0	MAR 06,1995	\$1250.00 :	
2. 47 ON-SALE GENERAL EA ANNUAL FEE	P40	YES	0	MAR 06,1995	\$695.00 :	
3. 47 ON-SALE GENERAL EA PREMISE TO PREMISE TRA	P40	YES	0	MAR 06,1995	\$100.00 :	
4. NA NO LICENSE TYPE STATE FINGERPRINTS	NA	YES	0	MAR 06,1995	\$39.00 :	
					TOTAL	\$2084.00

Have you ever been
convicted of a felony? **NO**

Have you ever violated any provisions of the Alcoholic Beverage Control
Control Act, or regulations of the department pertaining to the Act? **NO**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA**County of SAN JOAQUIN****Date MAR 06,1995**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)**Applicant Signature(s)****IBARRA CARLOS****OLIVAREZ GLORIA**



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95 MAR 13 PM 4:00

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

TO:

Department of Alcoholic Beverage Control
31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

File Number.....**306539**
Receipt Number.....**1025256**
Geographical Code.....**3902**
Copies Mailed Date **3-10-95**
Issued Date

DISTRICT SERVING LOCATION:

STOCKTON

Name of Business:

Location of Business:

Number and Street
City, State Zip Code
County

1225 W LOCKEFORD ST
LODI CA 95240
SAN JOAQUIN

Is premise inside city limits?

If premise licensed:

Type of license

Transferor's names/license:

C-1
SINGH AMRIK 280266

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 21 OFF-SALE GENERAL	REDUCED FEE TRANSFER	NA	YES	0	MAR 10, 1995	\$74.00 :
TOTAL						\$74.00

Have you ever been
convicted of a felony? **NO**

Have you ever violated any provisions of the Alcoholic Beverage Control
Control Act, or regulations of the department pertaining to the Act? **NO**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA

County of **SAN JOAQUIN**Date **MAR 10, 1995**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

AJK INC X *Amrik Singh* *President*



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05 MAR 20 AM 9:46

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

TO:

Department of Alcoholic Beverage Control
31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

File Number.....**306746**
Receipt Number.....**1026279**
Geographical Code.....**3902**
Copies Mailed Date **3-17-95**
Issued Date

DISTRICT SERVING LOCATION:

STOCKTON

Name of Business:

TONYS PIZZERIA

Location of Business:

Number and Street
City, State Zip Code
County

514 W LODI AVE
LODI CA 95240
SAN JOAQUIN

Is premise inside city limits?

YES

If premise licensed:

Type of license

C-1

Transferor's names/license:

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 41 ON-SALE BEER AND W ORIGINAL		NA	YES	0	MAR 17, 1995	\$300.00 :
2. 41 ON-SALE BEER AND W RENEWAL FEE		NA	YES	0	MAR 17, 1995	\$205.00 :
3. NA NO LICENSE TYPE STATE FINGERPRINTS		NA	YES	0	MAR 17, 1995	\$39.00 :
TOTAL						\$544.00

Have you ever been
convicted of a felony? **NO**

Have you ever violated any provisions of the Alcoholic Beverage Control
Control Act, or regulations of the department pertaining to the Act? **NO**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA

County of **SAN JOAQUIN**Date **MAR 17, 1995**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

DARONE RICK ANTHONY



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95 MAR 21 PM 3:19

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

TO:

Department of Alcoholic Beverage Control
31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

File Number.....306778
Receipt Number.....1026503
Geographical Code.....3902
Copies Mailed Date
Issued Date

DISTRICT SERVING LOCATION:

STOCKTON

Name of Business:

Lodi Avenue Discount Liquors --

Location of Business:

Number and Street
City, State Zip Code
County

1000 W LODI AVE
LODI CA 95240
SAN JOAQUIN
YES

Is premise inside city limits?

Mailing Address:

(If different from
premise address)

914 W LODI AVE
LODI CA 95240

If premise licensed:

Type of license

C1 Neighborhood Commercial

Transferor's names/license:

HORST BRIAN L 181762

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 21 OFF-SALE GENERAL	PREMISE TO PREMISE TRA	NA	YES	0	MAR 20,1995	\$100.00 :
2. 42 ON-SALE BEER AND W ORIGINAL		NA	YES	0	MAR 20,1995	\$300.00 :
3. 42 ON-SALE BEER AND W ANNUAL FEE		NA	YES	0	MAR 20,1995	\$205.00 :
TOTAL						\$605.00

Have you ever been
convicted of a felony? **NO**

Have you ever violated any provisions of the Alcoholic Beverage Control
Control Act, or regulations of the department pertaining to the Act? **NO**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA

County of **SAN JOAQUIN**Date **MAR 20,1995**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

HORST BRIAN L*Brian L Horst***SOLARI MICHAEL L***Michael Lee Solari***SOLARI SHELLY F***Shelly F Solari*



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95 MAR 21 PM 3:19

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

TO:

Department of Alcoholic Beverage Control
31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

File Number.....**306776**

Receipt Number.....**1026485**

Geographical Code.....**3902**

Copies Mailed Date **3-20-95**

Issued Date

DISTRICT SERVING LOCATION:**STOCKTON****Name of Business:****MARIAS ITALIAN SPECIALTIES****Location of Business:****Number and Street****840 W LODI AVE****City, State Zip Code****LODI CA 95240****County****SAN JOAQUIN****Is premise inside city limits?****YES****If premise licensed:****Type of license****C1 Neighborhood Commercial****Transferor's names/license:**

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 41 ON-SALE BEER AND W ORIGINAL		NA	YES	0	MAR 20,1995	\$300.00 :
2. 41 ON-SALE BEER AND W ANNUAL FEE		NA	YES	0	MAR 20,1995	\$205.00 :
3. NA NO LICENSE TYPE STATE FINGERPRINTS		NA	YES	0	MAR 20,1995	\$117.00 :
4. NA NO LICENSE TYPE FEDERAL FINGERPRINTS		NA	YES	0	MAR 20,1995	\$72.00 :
TOTAL						\$694.00

Have you ever been
convicted of a felony? **NO**

Have you ever violated any provisions of the Alcoholic Beverage Control
Control Act, or regulations of the department pertaining to the Act? **NO**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA**County of SAN JOAQUIN****Date MAR 20,1995**

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Applicant Name(s)**Applicant Signature(s)**

LOPRESTI ANTHONY J	<i>Anthony Lopresti</i>
LOPRESTI MARIA	<i>Maria Lopresti</i>
LOPRESTI PIETRO	<i>Pietro Lopresti</i>



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05 MAR 22 PM 4: 58

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)**TO:**

Department of Alcoholic Beverage Control
31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

File Number.....**306838**
Receipt Number.....**1026693**
Geographical Code.....**3902**
Copies Mailed Date **3-21-95**
Issued Date

DISTRICT SERVING LOCATION:**STOCKTON****Name of Business:****Cottage Bakery****Location of Business:****Number and Street****203 S SCHOOL ST****City, State Zip Code****LODI CA 95240****County****SAN JOAQUIN****Is premise inside city limits?****YES****If premise licensed:****Type of license****C-2****Transferor's names/license:**

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 41 ON-SALE BEER AND W ORIGINAL		NA	YES	0	MAR 21, 1995	\$300.00 :
2. 41 ON-SALE BEER AND W ANNUAL FEE		NA	YES	0	MAR 21, 1995	\$205.00 :
3. NA NO LICENSE TYPE STATE FINGERPRINTS		NA	YES	0	MAR 21, 1995	\$117.00 :
TOTAL						\$622.00

Have you ever been
convicted of a felony? **NO**

Have you ever violated any provisions of the Alcoholic Beverage Control
Control Act, or regulations of the department pertaining to the Act? **NO**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA**County of SAN JOAQUIN****Date MAR 21, 1995**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)**Applicant Signature(s)****COTTAGE BAKERY RETAIL INC**